Best Available Copy

Application or Docket Number

CLAIMS A	S FILED - F (Column		(Column 2)	SMALL TYPE	ENTITY	OR	OTHER SMALL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

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The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

	5 .	The pr	oceedings h	erein are for a patent applica	ation and the prov	sions of 37 C.F.R. § 1.136 apply.
-		Compl	ete (a) or (b) as applicable.		
		(a)		Applicant petitions for an number of months checke		under 37 CFR 1.136 for the total
			Extens (mont		Fee for other than small entity	Fee for small entity
				one month two months three months four months five months	\$ 120.00 \$ 450.00 \$ 1,020.00 \$ 1,590.00 \$ 2,160.00	\$ 60.00 \$ 225.00 \$ 510.00 \$ 795.00 \$ 1,080.00
			Attached is by 37 C.F.I	s a check in the amount of \$ R. § 1.17(c).	for the	month extension fee as required
			Please char	rge Deposit Account No. 23	-3000 in the amou	nt of \$
	If a	n additio	nal extensio	n of time is required, please	consider this a po	tition therefor.
				(Check and complete t	the next item, if ap	plicable)
		_	S i	sion for months has a deducted from the total fe n fee due with this request \$	e due for the total	ed and the fee paid therefor of months of extension now requested.
4/25/2005 TLC ale Ref: 0000 1 FC:2201	OVELAC 00003 3	0000000 DA#: 233 O (P) O DA	3 233000 000 10625	10623331 351 Applicant believes that no	ig made to provide	is required. However, this for the possibility that Applicant has ion for extension of time.
			<u>X</u> .	If any additional fee for classical 23-3000.	aims or extension	of time is required, charge Acet. No.
	441 Cinc (513		eet Ohio 45202 24 - voice		Kristi L. Da	vidson, Reg. No. 44,643
				CERTIFICATI	E OF FACSIMIL	<u>E</u>
	I her Tecl	reby cert	ify that this Center 1700	correspondence for Applica , via Central Fax Number (*	ation No. 10/625,3 703) 872-9306, on	51 is being facsimile transmitted to March 21, 2005.
•	K/BO	Kristi L	Davidson,		J	3/2/65 Date Date **CRIT-643 244 6724 ** DIIDATION imm_act-166-30
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